

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 JAN 12 PM 5:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # **730466**

1. Corporation Name

**COLLIER COUNTY COUNCIL ON AGING, INC.**

Principal Place of Business

Mailing Address

P O BOX 2963  
 NAPLES FL 34106-2963  
 US

P O BOX 2963  
 NAPLES FL 34106-2963  
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/13/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-7404941

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	KARLE, DR JACKE Kowalski, Eileen	103 WILDERNESS DR P.O. Box 2963	NAPLES FL Naples, FL 34106-2963
VD	TALTY, DEE MS Steigerwald, Kay	2335 9TH ST. N. #404 13093 Castle Harbour Dr.	NAPLES FL 34103 Naples, FL 34110
SD	STEIGERWALD, KAY Doucet, Sr. Phyllis	13093 CASTLE HARBOUR DR 53 High Point Cir. W. #112	NAPLES, FL 00000 Naples, FL 34103
TD	DECOIL, PRISCILLA Downey, Sharon	2000 12TH STREET NORTH 4167 Pensacola Ave.	NAPLES FL Estero, FL 33928
			000003103420--0 -01/20/00--01003--023 *236.25 ****236.25

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

RON HOGUE, ESQ.  
 1169 8TH ST. S.  
 NAPLES FL 34102

9. Name and Address of New Registered Agent

Name **JILL BURZYNSKI**  
 Street Address (P.O. Box Number is Not Acceptable) **1124 GOODLETTE RD**  
 Suite, Apt. #, Etc.  
 City **NAPLES** State **FL** Zip Code **34109**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN

Date **1/11/2000**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Sharon Downey, Treasurer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-11-00** Daytime Phone # **941-774-8833**

CR2E040 (8/99)